

**MDES** **SPEAKER'S BUREAU**

OUR SUBJECT-MATTER *EXPERTS* SPEAK TO *YOUR* GROUPS.

**S P E A K E R   R E Q U E S T   F O R M**

Requestor Name:  Requestor Phone:  -  -

Date of Engagement:  (Month)  (Day)  (Year)

Time and Length of Engagement:

Place of Engagement:  
(Include Address and  
Directions if possible)

# of People Expected:

Audience (What group will be attending?):

Topic/Purpose of Meeting:

What expectations do you have for our speaker? ☐ Information only ☐ Training ☐ Other

If Other, Please Specify :

Your E-mail Address:

To submit this form by e-mail, [click here](#) or to [dbell@mdes.ms.gov](mailto:dbell@mdes.ms.gov) .

To submit this form by fax, send to: 601.321.6492 or to [PRINT](#) and mail a copy, please send to the  
attention of Dianne Bell at: **Mississippi Department of Employment Security**  
1235 Echelon Parkway  
Jackson, MS 39213

For more information, call Dianne Bell at 601.321.6510 or e-mail her at [dbell@mdes.ms.gov](mailto:dbell@mdes.ms.gov) .

***MDES Use Only (Below This Line)***

Speaker Assigned:

Materials needed: